

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004586

**FILED**  
**Apr 03, 2015**  
**Secretary of State**  
**CC7743178222**

**Entity Name:** I-75 AND ARCHER ROAD, N. W. QUADRANT OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ACTION REAL ESTATE SERVICES  
6110-B NW 1ST PLACE  
GAINESVILLE, FL 32607

**Current Mailing Address:**

C/O ACTION REAL ESTATE SERVICES  
6110-B NW 1ST PLACE  
GAINESVILLE, FL 32607

**FEI Number: 59-3241007**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ACTION REAL ESTATE SERVICES  
6110-B NW 1ST PLACE  
GAINESVILLE, FL 32607 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	D
Name	SHAHAN, ELIZABETH
Address	C/O CRACKER BARREL 307 HARTMANN DR
City-State-Zip:	LEBANON TN 37087
Title	D
Name	HATCHELL, DENNIS
Address	C/O THE PANTRY, INC. 8930 WESTERN WAY STE 4
City-State-Zip:	JACKSONVILLE FL 32256

Title	SD
Name	SACHCHIDANAND, JAI
Address	3144 WEST HIGHWAY 90
City-State-Zip:	LAKE CITY FL 32055
Title	PD
Name	MCMILAN, DONALD
Address	C/O HOLIDAY INN EXPRESS 3905 SW 43RD ST
City-State-Zip:	GAINESVILLE FL 32608

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DONALD MCMILAN**

**PRESIDENT**

**04/03/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date